

**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE
 ADDRESS**

Application Number	See attached Exhibit A
Filing Date	See attached Exhibit A
First Named Inventor	See attached Exhibit A
Art Unit	See attached Exhibit A
Examiner Name	See attached Exhibit A
Attorney Docket Number	See attached Exhibit A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **57449**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **57449**

OR

☐ Firm or Individual Name:

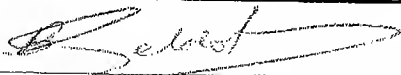
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature				
Name	Bernard Selby			
Date	May 31st, 2007		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted. ☐ Submission includes _____ Statement under 37 CFR 3.73(b) form(s)

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.